DOCUMENT RESUME

ED 267 150 UD 024 773

AUTHOR Ascher, Carol
TITLE Pregnant and Parenting Teens: Statistics, Characteristics, and School-Based Support Services. ERIC/CUE Trends and Issues Series, Number 1.
INSTITUTION ERIC Clearinghouse on Urban Education, New York, N.Y.
SPONS AGENCY National Inst. of Education (ED), Washington, DC.
PUB DATE Apr 85
CONTRACT 400-82-0012
NOTE 33p.
AVAILABLE FROM ERIC Clearinghouse on Urban Education, Box 40, Teachers College, Columbia University, New York, NY 10027 ($6.00 prepaid).
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescents; Dropouts; *Early Parenthood; Economically Disadvantaged; High Schools; Pregnancy; *Pregnant Students; Psychological Needs; School Counseling; Sexuality; *Social Services; *Special Programs; *Student Characteristics; *Student Needs

ABSTRACT

This review of research brings together a variety of data on pregnant and parenting teenagers and on the range and effectiveness of school-based programs. The report is divided into two main sections, the first of which describes the population at risk; motivations, choices, and consequences of teenage pregnancy and motherhood; adolescent fathers; and pregnant and parenting teenagers' expressed needs for services. Section 2 presents an overview of what is being done for pregnant and parenting adolescents. In general, it is said, the existing programs address only a portion of the problems of pregnant teenagers identified in the research. First, because the attraction of parenting is inversely proportionate to the possibility of other options, dropout rates must be lowered and jobs should be created for out-of-school youth. Second, counseling courses in psychology and family life could help adolescents resolve the ambivalences between autonomy and childhood dependency. Third, because teenagers have unrealistic fantasies about what having a child will imply, they must be helped to understand the responsibilities involved. Fourth, because parents usually play an important role in teens' pregnancy resolution decisions, programs must be created to draw in the mothers and fathers of pregnant teenagers. Finally, programs need to involve the teenage father directly and to help enhance his capacity for immediate and long-term caring. (KH)

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PREGNANT AND PARENTING TEENS:

STATISTICS, CHARACTERISTICS, AND SCHOOL-BASED SUPPORT SERVICES

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ERIC/CUE Trends and Issues Series
Number 1, April 1985

This publication is one in the ERIC/CUE Trends and Issues Series produced by the ERIC Clearinghouse on Urban Education with funding from the National Institute of Education, United States Department of Education (contract number 400-82-0012) and Teachers College, Columbia University. The opinions expressed in this publication do not necessarily reflect the positions or policies of NIE or the Department of Education.

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The National Institute of Education
U.S. Department of Education
Washington, D.C. 20208

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The growing number of pregnancies and out-of-wedlock births to teenage mothers and fathers is a national problem. American teenagers become pregnant, give birth, and have abortions at a significantly higher rate than do adolescents in any other industrialized nation (Brozan, 1985). In 1978, for example, 1.3 million children were living with 1.1 million teenage mothers (Guttmacher, 1981). Although, beginning in the mid 1970s, an increasing number of public and private agencies have begun to intervene with programs aimed at both decreasing the incidence of teenage pregnancy and ameliorating some of the deleterious effects of teenage parenting, there is little systematic research about either the complex strands of causation behind the rising incidence of pregnant and parenting adolescents or the effectiveness of existing interventions. Equally important, those involved in research on the teenagers are rarely the same as those individuals planning programs. In fact, few program descriptions relate their chosen strategies more than casually to the known research on the characteristics and needs of the adolescents they serve. The following review thus aims to summarize for school and social agency administrators, policy planners, and other interested individuals the research on both pregnant and parenting teenagers and on the range and effectiveness of a variety of school-based programs.

I. THE ADOLESCENTS

Teenage Pregnancy: Some Introductory Statistics

Each year, we can expect one teenage girl in ten to become pregnant, and four girls out of ten who are now fifteen years old will get pregnant some time during their teens (Mecklenburg and Thompson, 1983). Nearly three-quarters of all pregnancies to young women aged 15-19 occur to teens as yet unmarried (O'Connell and Rogers, 1984). It is estimated that ninety percent of all teenage mothers keep their babies. Women who have first births as adolescents also tend, on an average, to have more children, and more unintended children, than those who postpone motherhood. Of those having a subsequent birth during their teen years, sixty percent have that birth within two years after their first (Moore, 1984), and 17.5 percent are pregnant again within a year (McGee, 1982).

The problems for the adolescents' babies are both immediate and more long term: poor medical outcomes during pregnancy and delivry, higher mortality rates during the first year, poorer health as children, and greater possibility of child abuse are among the most obvious (Mecklenburg and Thompson, 1983) For both the male and female teenage parents themselves, lowered educational. attainment and income are two severe consequences. According to a national longitudinal study (cited in Guttmacher, 1981), 28-year-old women who had given birth before age 18 were only half as likely to have graduated from high school as those who had postponed childbearing until after they had turned twenty. For young fathers, the effects of teenage parenting were less dramatic, but still substantial: those who had become fathers before the age of 18 were

two-fifths less likely to have graduated from high school than those who waited. In the area of employment, 24-year-old women who had given birth as teenagers had only half as much income as women who had given birth in their twenties.

Statistics on the rate of marriage among pregnant teenagers show variations between white and minority girls. Of all girls under fifteen giving birth, 85 percent of the white girls did so out-of-wedlock, while 90.5 percent of the minority (black and Hispanic) girls did so. Differences increased among the three ethnic groups over the age of fifteen, with white and Hispanic out-of-wedlock births decreasing markedly and the rate for blacks remaining more nearly the same. Among 15-17-year-olds giving birth, 45 percents of the white girls and over 50 percent of the Hispanic girls did so out-ot-wedlock, compared to 93 percent of the black girls. At ages 18-19, while 27 percent of the white girls and 37 percent of the Hispanic girls who gave birth were not married, the number for black girls was 79 percent (Guttmacher, 1984; Ventura, 1983).

Teenage marriages are of uncertain value for pregnant adolescents. For example, for those teenage parents who do marry, divorce is three times as likely as for those who wait until their twenties--and the disparity is more pronounced among whites than blacks. In fact, whether they have been married briefly or never been married, young single mothers are seven times as likely to be poor as other women their age (Guttmacher, 1981).

The effects of teenage pregnancy and parenting on our nation come through both the loss of talent from teenage parents and the very direct costs that assisting these teenage parents entails. Three to five times as many teenage mothers as older women depend on the government to pay for their deliveries (Guttmacher, 1981). Moreover, mothers who had their first child as a teenager account for over half of the Aid to Families with Dependent Children (AFDC) budget--a cost of 8.6 billion in AFDC cash benefits in 1975 (Moore, 1984).

It is also important to point out that, because of the current crisis in social service delivery, thousands of truly needy teenagers and their children do not even receive AFDC benefits. Since 1981, with the Omnibus Reconciliation Act, only 5 states (a drop from 35) use state funds to continue to support students at the AFDC-level beyond the age of 19 if they can be expected to complete high school or vocational school, and 24 states have dropped or reduced AFDC assistance to first-time pregnant women. As for the children of these teenagers, "the average number of children on AFDC per 100 children in poverty has declined continually since 1976, and dropped dramatically from 71.8 percent in 1979 to only 52.5 percent in 1982", according to the Children's Defense Fund (1984b, p. 12).

Which Girls are at Risk?

The influence of race or ethnicity on sexual activity, contraceptive use, the ways in which pregnancies are resolved is still unclear, since studies of racial differences rarely take social class into account. Current research indicates that, though racial differences are diminishing, they are still

marked (McGee, 1982). During the 1970s, sexual activity among urban white adolescent girls doubled. Sexual activity among black adolescent girls only rose slightly in the same period, and soon leveled off. Still, by 1979, 65 percent of all black teenage girls were sexually experienced compared with 42 percent of all white teenage girls and among those having sex, black teenage girls tended to become sexually active a year earlier (at age 15 1/2) than whites. Although black young women living in cities had higher levels of sexual activity than those living in suburban areas, among whites, there were no systematic differences in sexual activity by place of residence (Zelnik and Kanter, 1980).

Contraception usage rose rapidly in the 1970s. However, at the most immediate level, the fact that 80 percent of all teenage pregnancies remain "unintended" is related to a similar high proportion (two-thirds) of sexually active teenagers who still either never practice contraception or use a method inconsistently (Guttmacher, 1981). Half of all first premarital pregnancies among teenagers occur within the first six months after the initiation of sexual intercourse, and one fifth occur within the first month--a period when girls are less likely to admit that they are sexually active and so to prepare themselves (Guttmacher, 1981; Zabin et al., 1981). According to McGee (1982), teenagers do not appear to seek birth control advice until nine months after they've started having sex. Zabin et al. (1981) report that their national sample did not seek birth control until an average of a year after they had begun sexual activity, and even then the move to a clinic or doctor was often precipitated by the suspicion of pregnancy.

Studies of racial difference in contraceptive usage are few, and even the best, such as that by Moore and her colleagues (1984) do not isolate social class. According to Moore et al. (1984), proportionately more black teenagers than white teenagers receive family planning services--which is not surprising, since more black teenagers than white teenagers are sexually active. While a higher proportion of blacks are served by organized family planning clinics, a higher proportion of whites are served by private physicians. Overall, only half of those in need--black or white--receive any services. At every age, blacks are disproportionately likely to resort to abortion compared to whites. In 1980, black women obtained nearly 30 percent of all abortions, and had an abortion rate of more than double that of white women. However, black women are substantially more likely than white women to experience unintended pregnancies and even their higher abortion rate is insufficient to erase the difference in birth rate due to their much higher incidence of unwanted pregnancy. Despite their disproportionate reliance on abortion, black teenage women are also estimated to have a greater unmet need for abortion than do white teenagers (Guttmacher, 1981). In 1978, for every 2.6 black teenagers between 15 and 19 who had an abortion, another one was estimated to desire one but be unable to obtain it.

Data on race and out-of-wedlock births indicate that the increase in the out-of-wedlock birthrate in the 1970s was confined to white teenagers--especially those ages 15-17, while the black teenage out-of-wedlock birthrate declined (Guttmacher, 1981). Still, among unmarried 18-19-year-olds, the black birthrate is five times the white birthrate, and among those 17 and younger,

the rate is about eight times higher. Black girls, of whom there are far fewer than white girls, have more than half the babies born to single teenagers. In 1981, there were roughly 132,000 babies born to black adolescents, compared to 131,000 babies born to white adolescents (Hulbert, 1984).

Obviously, racial differences in teenage parenting imply economic differences as well. Although no national data relate socio-economic conditions to unintended pregnancies and a predisposition to teenage motherhood, it is clear from the literature that a very high proportion of unintended childbearing occurs to young women from economically and socially deprived homes--many from homes headed by single women. One sample indicates that in 1978, 54 percent of the 24-year-old women who had given birth at age 17 or younger were low income, compared to 33 percent of those who had given birth between 21 and 23, and 15 percent of those childless (Children's Defense Fund, 1984b). According to Dryfoos (1983, p. 1):

> A review of the research shows that the psycho-social characteristics of teenage mothers are similar to the characteristics of other "problem groups" such as school drop-outs, unemployed youth, functionally incompetent youth, and delinquents: low self-esteem, low aspiration, poor academic achievement, low status families, poor parent-child relationships. Solutions to the problem of teenage childbearing may be interwoven with solutions to the devastating array of problems confronting disadvantaged families.

Dropping out of school and being unemployed, both of which take their toll on the poor and minorities, appear to increase the risk of teenage pregnancy and parenting. Some 400,000 14- to 17-year-old girls are currently not enrolled in school, and 1.3 million 18- to 21-year-old young women have never graduated from high school (Dryfoos, 1983). Teens who drop out of school are more likely to become pregnant. And teens who have a baby are more likely to drop out of high school than teens who don't (Moore, 1984). As for those students who drop out of school to have their babies, 85 percent never return (Dunkle, 1984). On the other side, according to one study, there is a steady increase in number of patients seeking abortion with each year of formal education until the completion of high school (Dworkin and Poindexter, 1980).

High educational aspirations, particularly if they are acted upon in terms of chosen coursework, appear to be an important aspect of pregnancy prevention among black teenagers. In fact, black teenagers tend to have as high--or even higher--aspirations than do white teenagers, if economic background is considered, but they are less likely to take the appropriate educational programs. Hogan and Kitagawa (1983) report that in Chicago, black teenagers of comparable circumstances were 53 percent less likely to have had sex if they desired a college degree than if they did not. According to the authors, black teens with similar family background and neighborhood characteristics who lacked college aspirations were 85 percent more likely to become pregnant. According

to Moore and Hoffreth (1980), being in a college preparatory curriculum is significantly and negatively related to age at first childbirth, and the effect of being in a college preparatory track is somewhat stronger for blacks than for whites.

The relationship between employment and teenage motherhood is less well documented. However, according to a small study of black and white pregnant teenagers (Michaels and Brown, 1983), irrespective of race, the number of hours the girl was employed was negatively correlated with her valuing parenthood as a means of creativity and achievement. Moore et al. (1984) report several studies of job-training programs which show the effectiveness of education that clearly leads to employment in reducing pregnancy and childbirth. In a follow-up study of Job Corps participants 18 months after leaving the program, Job Corps participation reduced the number of births by 14 percent, and lowered the illegitimacy rates by 4 percent for all women participants relative to the control group (Mallar et al., 1980; cited in Moore et al., 1984). Similarly, an experimental program designed to test the effects of replacing the current welfare system with a combination of a negative income tax and various manpower offerings resulted in a 31 percent reduction in fertility during the second and third years of the program among single black women assigned to the manpower counseling treament, while the program offering a half-subsidy of training/education costs appears to have reduced single black women's fertility by 49 percent below that of controls (Groenevals, 1980; cited in Moore et al., 1984).

With 600,000 teenage women 16-21 in the labor force yet legally unemployed (Dryfoos, 1983), and many thousands more who have never even held legal jobs, it is possible that many of these adolescents see pregnancy and parenting as some sort of hoped-for alternative.

Motivations and Choices Surrounding Teenage Mothering

Two-thirds of all pregnancies to both unmarried and married teens are unintended; among unmarried teens alone, seven-eights are unintended (the Mott Foundation, 1983). However, even if teenage pregnancy is rarely intended, teenagers still make choices about bringing the pregnancy to term and keeping the child. Although half of all girls under fifteen and nearly two-fifths of all girls 15-19 voluntarily terminate their pregnancies--the percentage is slightly higher among white girls than among black--hundreds of thousands of teenagers do, in fact, have and keep their babies, many without the assistance of the child's father. Of those teenagers giving birth out-of-wedlock only 4 percent enter an adoption plan or arrange for their babies to be cared for by relatives or friends (Title XX, 1981). Virtually all black teenage mothers appear to keep their babies at home, most often in their own mothers' households, while 90 percent of all white girls keep their babies, 7 percent giving them up for adoption and another 3 percent giving them to relatives or friends (Guttmacher, 1981).

Until recently, such deleterious psychological traits as weak ego strength, self-devaluation, low self-worth, low ability to make plans, a proclivity toward denial, an external locus of control, masochism, and anomie were thought to be associated with a predisposition to teenage childbearing. However, many of the studies eliciting these traits had small samples, were done by social workers or psychologists rather than social scientists, and were conducted on already pregnant or parenting teenagers. Moreover, while these and other traits can be found among this group, they do not appear to distinguish childbearing from non-childbearing adolescents of similar social class, education, and milieu, and are not good predictors of early motherhood (Barth, Schinke, and Maxwell, 1983). Finally, the social and economic limitations imposed by early parenting are sufficient to create many of the charcteristics associated with teenage mothers (McGee, 1982).

The current literature on teenage parents varies in the degree to which it stresses, on the one hand, deep psychological factors operating in the choice for parenthood and deviance in the population concerned, or, on the other hand, social and economic factors that create a context in which pregnancy appears to be a rational adaptation. Although having a child as a single teenage mother limits future choices, the research appears to agree that many teenagers who choose to carry their pregnancies to term perceive future parenthood not as a limitation of opportunities, but as a source of status and direction in their lives (Russell, 1980b). In a review of services to teenage parents, McGee reports that, "service providers variously describe their teenage mothers as loners, unloved kids, losers, kids looking for something to do that they can do well, people needing attention, youngsters trying to fill a vacuum in their lives." (1982, p. 9). Michaels and Brown (1981) studied 95 adolescent expectant mothers in three school-age parenting programs in Michigan. Although only 9 percent of their subjects had made a purposeful decision to conceive, motivation still operated in all their decisions to have children. In general, the choice for motherhood was inversely related to having other sources of satisfaction. Being black, being from a low socio-ecomonic class, having little work, and living in a rural environment were all related to seeing motherhood as a source of satisfaction.

Although the argument is unresolved over whether or not teenagers who become mothers are "different to being with" (McGee, 1982), some research indicates that, even among poor indigent adolescents, there may be psychological distinctions between those who opt for motherhood and those who don't. In a study that compared indigent female adolescents who were to become unwed mothers more than a year later (but before their 18 birthday) with matched and random controls the mothers were found to be: less able to adapt to, cope with, or defend against adverse life circumstances; more likely to have identified their family, school, and peers as sources of self-devaluating experiences; less likely to display self-accepting attitudes; more likely to view normative patterns as having low self-enhancing potential and to view deviant patterns as having high self-enhancing potential; and more likely to have adopted deviant response patterns and/or deviant attitudes (Kaplan, et al., 1979). The authors suggest that the indigent female adolescents' position in the social structure increases the likelihood of their experiencing the normative structure as a source of adversity and being predisposed to deviant

response patterns. According to the authors, "the data also suggested that such a predisposition is held in check by the effective controls exercised by family and school authorities, so that only when relationships with these authorities are eroded (by the subject's identification of them as sources of self-devaluating experiences) are the predispositions to deviant patterns acted out" (p. 205). The authors also point out that unwed motherhood is compatible with and/or an extension of subculturally defined values and adaptive coping mechanisms for these indigent adolescents.

Beliefs concerning the benefits of children are also an important part of adolescents' decisions to take on parenthood. Research indicates that both male and female black teenagers are more likely than white teenagers of either sex to see having children as a value. Based on an interview schedule conducted with 150 white and black, economically mixed, upper-lower and lower-middle-class adolescents, black adolescents, both male and female, believed more than their white peers that having children helps a couple's relationship, increases personal security, and promotes the approval of others (Thompson, 1980). (Unfortunately, the data were not analyzed by social class.) In contrast to the white respondents, the black teenagers tended to believe that having children "is the only sure way of avoiding loneliness in old age," "is the most important factor in making couples feel they have finally matured," and "pleases parents." Similarly, Michaels and Brown (1983) report that the black expectant mothers in their sample were more likely than the white expectant mothers to value children for economic utility and security, for adult status and social identity, for power and influence, and for expansion of the self.

At a social level, teenage unwed motherhood has long been seen as a sign of family breakdown; and at a personal level, it has been viewed as a product of poor family relationships. The issue, however, is more complicated. Although a break with the normative nuclear family is clearly part of the pattern, the pregnant teenager, in fact, appears most often to involve her family (or at least mother) in her decision to become a mother, and, as we will see in the next section, to ameliorate relations with her own family (or at least mother) by taking on motherhood. Most concretely, there is a patterning effect: in one study, roughly 80 percent of all girls who were mothers at 15 were daughters of teenage mothers (Hulbert, 1984). Moreover, 80 percent of the adolescent unwed mothers who carry their pregnancies to term continue to live with their families (Mecklenburg and Thompson, 1983). In a five-city program, Project Redirection, designed for pregnant teenagers 17 or under, without high school diplomas and eligible for or receiving AFDC, 68 percent of the adolescents interviewed had grown up in a household headed by the mother, about three-quarters had mothers who themselves had been teenage parents, and 72 percent were still living at home, in a household that included their mother (Polit et al., 1982). Among those whose sisters had children, 90 percent had become aunts while their sisters were in their teens. Research by Rosen (1982) indicates that half of all pregnant minors directly involve their mothers in their pregnancy resolution decisions. However, even those parents who don't directly affect their daughters' decisions appear to influence them indirectly through anticipated reactions. Rosen's study of 100 rural Michigan teenagers making pregnancy resolution decisions indicates that, when the girls felt direct

parental pressure, it was most often in the direction of abortion. Girls who reported "direct influence," but not direct pressure from their parents, most commonly chose to remain single and keep the child. "Indirect influence," felt in the form of mothers' own early pregnancies and, at times, decisions to marry early, was a major form of impact for those girls who chose marriage and/or kept the child. Moreover, parents of both abortors and those girls who married tended to like the putative fathers, while parents of girls who remained single and kept the child tended not to like the male partners.

Finally, Michaels and Brown (1983) cast some light on the expectations of pregnant teenagers concerning the responsibilities of motherhood. These expectations are unrealistic and thus enhance the hopeful attitude toward becoming mothers. Adolescents in the programs the authors studied consistently expected significantly more from the birth fathers in financial support, in physical care, and in attachment, than the boys were willing to give. This discrepancy between the girls' expectations and the realities they faced was both a source of severe disappointment and a cause for additional pressure to be placed on their mothers, who were already involved in some childcare. Though the mothers did take up a little of the slack left by the birth fathers, they also did not do as much as the girls had anticipated, and so motherhood was a far more solitary responsibility than the girls had anticipated.

Consequences of Teenage Pregnancy and Motherhood

There was a time when a high rate of suicide and impaired mental health were seen as hazards associated with teenage pregancy and childbearing (Miller and Miller, 1983; Barth et al., 1983). Although a more open moral climate has clearly made it easier to be a pregnant teenager and adolescent mother, the research still indicates that added psychological stress comes with these life changes. In a study which compared 185 girls from three school-aged parenting programs in urban, suburban, and semi-rural areas with nonparenting peers (Barth et al., 1983), adolescent pregnancy and childbearing still contributed to a lower than normal self-esteem and a tendency toward higher depression, even when race and socio-economic status were controlled. Contrary to the common belief that black teenagers experience pregnancy and childbearing as less stressful than whites, the study found no racial differences in psychological distress. Instead, the only variables that systematically contributed to the psychological distress of pregnancy and motherhood were poverty and isolation. Pregnant and parenting girls reported both needing and having more social supports than nonparenting girls--an apparent attempt on their part to mitigate their distress--and black adolescents tended to receive more social support than whites.

Though Michaels and Brown (1983) indicate that adolescent mothers may not get the help they want or need from their own mothers, several studies show reduced conflict and increased dependence between parenting teenage daughters and their mothers. Barth et al. (1983) found, contrary to their expectations, that the shared experiences of pregnancy and parenting helped reduce tension between mothers and parenting teenage daughters. DeAnda (1983), who studied black, white, and Hispanic pregnant teenagers in Los Angeles and Long Beach,

California, found that pregnancy increased the girls' dependency on their mothers. Although the adolescents reported that, prior to their pregnancy, they had wanted "most of the time" to leave their parents' homes and be on their own, 70 percent of those aged 12-17 and 57 percent of those aged 18-20 reported that their mothers gave them substantial concrete and emotional support. Half the younger girls and a third of the older ones were now willing to acceed to their mothers' wishes when their own desires were in conflict. In fact, their mothers were the only people in their support network whose desires took precedence over their own.

If the retreat into dependence has immediate, complicated psychological and material costs and rewards, it also has clear rewards for the teenage mother over the long run. A study of more than 300 pregnant teenagers and their mothers over a five-year period (Mott, 1983), found that teen mothers who lived with their families were more likely to receive substantial amounts of financial and emotional support and child care assistance. The families were more likely to help if the teenager remained single and in school and if there were two parents in the home. Of those who lived with their parents, 80 percent remained in school, 62 percent graduated from high school, 60 percent had jobs, and only 43 percent received welfare five years later. Of those who lived alone, 76 percent stayed in school, 47 percent graduated from high school, 41 percent got jobs, and 65 percent received welfare payments. According to the Mott Foundation (1983), living with the mother also has a positive effect on the infant. The child's cognitive development is better when a grandmother (or the child's father) is involved than when the mother rears the child alone.

Although remaining at home can reduce some of the problems of being a teenage mother, nothing appears to be able to work fully against the hazards of teenage parenting, particularly regarding educational attainment. Analyzing longitudinal data from a nationwide sample of approximately 5,000 women, Moore and Waite (1977) conclude that early childbearing is associated with significant educational loss <u>even after</u> social class, race, and family background have been taken into account. "Young mothers never make up these [educational] losses; on the contrary, they seem to fall further behind as their childless contemporaries continue their schooling" (p. 233). Teenagers who have a first birth at age 15 or younger complete four years less schooling than young women who become first mothers between 21 and 24. At every age of first birth, the effect is smaller for blacks than for whites.

Finally, some studies show teenage parenting to be associated with a higher incidence of child abuse, although the relationship is complicated by poverty, single-parent families, continuous childcare responsibilities, parental depression, and infant illness. In a review of studies linking parental age and child abuse, Kinard and Klerman (1980) found that the proportion of mothers who gave birth as teenagers was higher in child abusing families than in the general population. But, when low-income abusing families were compared with matching control families, the proportion of teenage mothers in the abusing group was, in fact, lower than in the control group. Bolton and others (1980) note that a child born during its mother's adolescence is at a modestly increased risk for maltreatment as compared to children born later in a mother's life. In a sample of reported child abuse cases involving mothers who had been adolescents at the

birth of at least one of their children, 84 percent of the offspring of an adolescent pregnancy were reported as victimized. These children accounted for nearly two-thirds of all reported victims within these cases. According to the authors, though minorities accounted for a large number of the child abuse cases, the rate of abuse per adolescent birth wasn't as high as among whites.

Adolescent Fathers

Adolescent fathers have long been the largely invisible and ignored half of teenage parenting. There has been a tendency to designate these young men the "putative" fathers, indicating uncertainty as to their biological paternity, at the same time as evoking unworthy devious qualities (Earls and Siegel, 1980). Most information on adolescent fathers has, in fact, been obtained indirectly from the mothers--who have reasons to be less than accurate reporters--and, even when the fathers are questioned directly, they are most often contacted via the teenage mothers (Barett and Robinson, 1982a; Earls and Siegel, 1980). Although the Supreme Court rules in Stanley vs. Illinois in 1972 that unmarried natural fathers are entitled to equal protection, social policy has actually tended to push the fathers into the background. Since there has been a widestanding belief that their continued presence will lead to a second child, most teenage fathers are discouraged from maintaining contact; and, because of child support laws which are now being enforced, when these fathers do appear, they are fearful of being identified. Also, the mothers often protectively guard them from what they see as punitive social service agencies. The eligibility regulations surrounding AFDC force the man to live separately if the woman wants to qualify for welfare. Typically, social agencies that provide services to pregnant teenagers or teenage mothers and their children do not involve the fathers (Barret and Robinson, 1982b). Ironically, the shift in terminology over the past decade from "motherhood" to "parenting," which presumably was meant to decrease sexual bias, has only confused and confounded the place of the shadowed fathers, since virtually all of the current literature on "adolescent parenting" is, in fact, still on teenage mothers.*

In the past several years, half a dozen researchers have begun to address who the adolescent father is, what he wants, and how parenting affects him. Although male adolescents are hard to research, and most samples are biased due to low response rates, one can make some observations. The risk of adolescent fatherhood is greater among black and Hispanic youths than among other groups, because of the higher incidence of sexual activity and the less frequent use of contraceptives (cited in Barett and Robinson, 1982b). A study of adolescent males in New York City, for instance, found that among sexually active males, the mean age of the first intercourse was 11.5 years for blacks, 12.8 years for Hispanics, and 14.5 years for whites (cited in Earls and Siegel, 1980). Fifty percent of all sexually active adolescent males in the same study reported

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*The literature on these girls' own relationships with their natal families is also often confusing for the same reason. The words "parents" and "families" are often used when there are only a mother and siblings in the house.

using condoms at their last intercourse, but only 22 percent of the sexually active black youths reported doing so. According to Earls and Siegel, the research indicates that adolescent males may place greater priority on general bodily functioning than on venereal disease and pregnancy. Thus, from a male viewpoint, "most instances of procreation are unintended and result accidentally from successful sexual bargaining" (Earls and Siegel, p. 474). A study by Barret and Robinson (1982a) of the partners of 24 girls in homes for unwed mothers and 75 girls in a public school for pregnant adolescents found that most of the boys considered the relationships ongoing, only a third reported using contraception, and half said that pregnancy was never discussed, because "we had sex a lot and she didn't get pregnant" or "she didn't look like the type."

Adolescent fatherhood may also have familial correlates, although the research here is scant indeed. In a small study of 20 black unwed adolescent fathers in Tulsa, Oklahoma (Hendricks, 1980), 40 percent had sisters who were unwed mothers, 35 percent had brothers who were unwed fathers, and 25 percent were themselves born out of wedlock. Unlike teenage mothers, most came from a family with both parents in the home.

Although there is a traditional view of the teenage father as deviant, withdrawn, and uninterested in parenting, recent research offers little to support this picture. Earls and Siegel (1980) report mixed evidence on the issue: while one study found sexually active boys to have lower self-esteem and poorer relations with their mothers and teachers than their peers from similar backgrounds, a large study of 9th graders in Minnesota found little difference between sexually active and celibate teenage males. Earls and Siegel point out that sexual activity is not like other deviant behavior, though it is associated with some decline in academic achievement and a greater emphasis on personal independence. According to these authors, some of the early evidence for deviance and mental distress may have been the result of interviewing youths after their girlfriends' pregnancies or deliveries, at a time when the events themselves had contributed to anxiety, depression and fear. Robinson and others (1983) compared teenage fathers and nonfathers from blue collar and professional families: they found no difference between the fathers and nonfathers of either socioeconomic group in their sense of control over their own fate.

A study of one of the few pioneering programs for teenage fathers, begun in Los Angeles in 1968, supports the view of adolescent fathers as psychologically normal compared to their peers, who in this case were poor blacks. Moreover, research on the program indicates that, when fathers are helped to be involved in the pregnancy and parenting, they acknowledge the benefits of participation, find that fatherhood enhances their self-esteem, and even bring their own natal families into decisions concerning the baby (cited in Earls and Siegel, 1980). Barret and Robinson (1982a) found that, even without a program in their behalf, many of the teenage partners of the girls in the home for unwed mothers and the school for pregnant adolescents had discussed financial support for the mother and baby as well as the possibility of marriage. A majority of the prospective fathers wanted to participate in naming the child. Most also expressed the wish to "do the best" or "all I can."

On the other hand, a study of rural, working-class adolescent parents in Central Pennsylvania (cited in Barret and Robinson, 1982b) found that the boys, no different from the girls, were ill-prepared for parenthood, had unrealistic expectations of child development, a general lack of knowledge and experience concerning children, and were impatient and intolerant of children, tending towards physical abuse.

As for long-term paternal involvement, studies show that adolescent fathers attempt to maintain some kind of involvement with their offspring, despite their own poverty of resources and the social policies aimed at distancing them. Interviews conducted with a third of the fathers in a study of adolescent mothers who registered at a prenatal Baltimore clinic (cited in Barret and Robinson, 1982b) showed that half were residing with the mothers during the period of the study. About a quarter visited their child at least once a week and a third gave economic support, regardless of whether they had ever been married to the mother. Approximately 63 percent were still maintaining contact with their children five years after the children were born. Finally, about half the babies received their fathers' first or middle names, or both, and 43 percent of the boys and 46 percent of the girls had been given their father's last name, even when the parents had remained unmarried. The association of names is important, because of its relationship to father-child contact: children receiving their father's name were more likely to have regular contact with, and to receive economic assistance from, their father than those receiving other first or last names.

As with teenage mothers, having a child wreaks a toll on adolescent fathers' educational achievement as well as their success in marriage. Males known to be teenage fathers receive substantially less education than their peers, and the younger they are at the time of the child's birth, the more severe their setback (Card and Wise, 1978). Although most fathers appear to be single at the time their child is conceived (Barret and Robinson, 1982b), Card and Wise (1978) also found that teenage fathers, like mothers, had been married and divorced more often, and had more children, than their peers both five and ten years after they would have graduated from high school.

Pregnant and Parenting Teenagers' Expressed Needs for Services

Given the proliferation of literature surrounding pregnant and parenting teenagers, there is strikingly little that focuses on the adolescents' own perceptions of their needs. According to McGee (1982), who summarizes existing research in the area, adolescent parents express needs for such concrete assistance with basic living needs as child care, financial resources, housing, transportation, education, help with jobs, and socializing. Not surprisingly, teenage mothers with jobs express fewer unmet needs than those who are not working. Teenage parents also indicate their need for changes in the delivery of existing services: decreasing the waiting period after an initial request; receiving the service over a longer period of time; melding the fragmentation of provided services into a unified, family care approach; receiving more understanding and respect from service providers; and continuing to receive services after the child's birth, including help in making the transition to services for parents.

II. WHAT IS BEING DONE FOR PREGNANT AND PARENTING ADOLESCENTS

Types of Services Offered

A wide variety of public and private institutions offer services to pregnant and parenting teenagers. The majority, including schools, youth service agencies, and clinics, view these adolescents as one client population among many. A smaller, but growing, number of agencies and programs are established specifically to deliver services to pregnant and parenting teens.

At the federal level, the Office of Adolescent Pregnancy Programs (OAPP) of the Department of Health and Human Services began functioning in 1978 under the mandate of PL 95-626, and continues to operate under the Adolescent Family Life authorization contained in PL 97-35. Both pieces of legislation authorize the OAPP to fund service projects for pregnant teens, parenting teens, teens at risk of pregnancy, as well as their families and male partners. While the earlier legislation put less emphasis on prevention, the basic care projects it funded were retained by the later legislation. According to the combined strictures of PL 95-626 and PL 97-35, OAPP projects are to provide ten core services and four supplemental services (Burt et al., 1984):

Core Services

1. Pregnancy testing and maternal counseling;
2. Family planning counseling and services;
3. Primary and preventative health care;
4. Nutrition counseling, education, and services;
5. Venereal disease counseling, testing, and treatment;
6. Pediatric care;
7. Family life education, including parenting education;
8. Educational and vocational counseling, referral, and services;
9. Adoption counseling and referral;
10. Other health care.

Supplemental Services

11. Child care;
12. Consumer/homemaking counseling and education;
13. Counseling for male partners and extended family members;

14. Transportation.

In addition to specifying that these services are provided by projects funded with OAPP money, both PL 95-626 and PL 97-35 direct OAPP users to make maximum use of other federal sources such as AFDC, Medicaid, Food stamps, WIC, and maternal and child health programs.

Whether or not they use federal OAPP funding, institutions which offer services to pregnant and parenting teenagers increasingly describe themselves as providing "comprehensive care." Although there is no standard definition for such care, some form of education, counseling, social and medical services, either through pregnancy or through the first or second year of parenting is generally what is meant (McGee, 1982). A community planning guide developed by Women and Foundations (Mitchell, 1984) identifies five areas involved in any comprehensive program:

* pregnancy prevention
* prenatal health
* postnatal health
* child abuse/neglect
* education and training
* economic independence.

The Mott Foundation (1983) has funded a variety of programs around the country, each of which, in attempting "comprehensive care," includes most of the following: support groups, follow-up, home visits, pregnancy prevention, coordination of health services, child care, school continuation, counseling, family services, transportation, services to fathers, lunches or breakfasts, job training or career counseling, peer counseling, outreach, social service, and referral. These, however, are "model" programs. In fact, most institutions do not have their own facilities for comprehensive care, by whatever definition, and thus rely on coordination and networking with other agencies. In a critique of the ad hoc, piecemeal quality of current service delivery patterns, McGee writes that, "Often this system of referral is makeshift and so is dependent on the knowledge, expertise, and commitment of individual staff members" (1982, p. 21).

In most communities throughout the country, some or all of the following services are offered in various combinations by one or a number of institutions, separately or in coordination (McGee, 1982, pp. 21-22):

. Health services: pregnancy testing, pre- and post-natal care, pediatric care, family planning (contraception and abortion), home health care, health education (nutrition, family health, first aid, and sex education)

. Services for children: child care, assistance with parenting, health services, adoption, foster care

- Basic living needs: food, clothing, income maintenance, housing, WIC (food supplements for women, infants and children)

- Life skills training: homemaking, consumer education, budgeting, assertiveness training for independent living

- Academic education: including remedial education

- Counseling: information, emotional support, intervention for individuals, couples, families, or groups, psychiatric treatment

- Advocacy: a staff member or volunteer who provides practical and psychological support

- Employment assistance: preparation for and help with finding and keeping a job, including skill training

- Emergency help: crisis intervention, shelter, legal assistance

- Self help groups

- Social, recreational, and personal growth activities: informal gatherings, organized events, field trips

- Recruitment and outreach: public service announcements, use of other media, hotlines, teen theatre groups, transportation, rap groups, drop-in centers

- Follow-up.

Characteristically, institutions providing services or funding base their priorities on their values or philosophy. Those taking an activist approach toward the growing problem of teenage pregnancy tend to divide programs into two types: primary prevention--prevention of adolescent pregnancy as such; and secondary prevention--alleviation of the negative consequences of pregnancy for the adolescent parent and offspring (Mecklenburg and Thompson, 1983; Children's Defense Fund, 1984a). In a review of primary prevention programs, Dryfoos (1983) divides existing programs into three types: those that directly impart knowledge or attempt to develop or change attitudes regarding sexual behavior; those that provide access to contraception; and those that enhance life options as a means of creating alternatives to teenage parenthood. Philosophical differences around issues of morality, adolescents' capacity for assuming responsibility, and social and economic determinants of early childbearing also influence institutional emphases (McGee, 1982).

School-Based Programs

Title IX of the Education Amendments of 1972 prohibits sex discrimination against students and employees in federally assisted education programs. The Title protects pregnant and parenting public school students in four major areas (Dunkle, 1984; Campbell et al., 1983):

- in their admissions to programs and activities
- in their treatment in regular programs and activities
- in their treatment in special or separate classes, schools and programs
- in the availability and quality of pregnancy-related health services.

The passage of Title IX accomplished two major goals: it gave pregnant and parenting teenagers the right to remain in school, regardless of whether they were married, and it made their situation a school concern. Subsequent federal actions related to pregnant and parenting students have been limited. The Adolescent Health Services, and Pregnancy Prevention and Care Act of 1978 (PL 95-626) made available limited federal funds for special programs on a competitive basis through the Office of Adolescent Pregnancy Programs (OAPP), now also called the Office of Adolescent Family Life Programs. Though a few of these grants have gone to school-based programs, the greater proportion have gone to social service agencies, hospitals and other health agencies (Burt and others, 1984). Moreover, according to a 1980 report by the National Association of State Boards of Education (Alexander, 1981), most of the funding for services to pregnant adolescents and adolescent parents comes from federal sources directed at more general segments of the population, e.g., Family Planning; Women, Infants and Children (WIC); Maternal and Child Health (MCH); and Aid to Families with Dependent Children (AFDC) programs. Although a 1984 court decision in Grove City College v.Bell may decrease Title IX concerns in programs not receiving federal funding, particularly in higher education, Grove City is unlikely to affect in any significent way current public school programs and practices aimed at pregnant and parenting teens (Singleton, 1984).

In 1980, a review was conducted of state policies and programs connected with adolescent pregnancy and parenthood, the result of which was a proposal for clearer state-level policies and an interagency framework for service delivery (Alexander, 1980). While state Boards of Education increasingly recognize the problem of pregnant and parenting teens, the states tend to lack the data, funds, and interagency coordination to take a lead. (A step toward solving this problem was taken by the Council of Chief State School Officers, which sponsored a 1984 conference on "Adolescent Pregnancy and Parenting; A Statewide Partnership for School Involvement," for which they also prepared topic papers on funding sources and equity issues (Brown and Dunkle, 1984; Dunkle, 1984).

In fact, both the federal government and most states have been reluctant to pursue a vigorous policy regarding school-aged pregnant and parenting adolescents. Although many local school districts also remain unclear about "what school responses may be needed, expected and tolerated" (Zellman, 1981a, p. 6), and a number of school systems actually have restrictive policies that aggravate the problems of pregnant and parenting teens (Zellman, 1981b), schools are generally the setting in which initiative is taken. Of the approximately 25,000 public high schools in this country, over a third now have sex education

courses, and one in ten offer alternative options to schooling (Dryfoos, 1983), including evening classes and learning centers (McGee, 1982). The hundreds of school-based programs for pregnant students around the country offer counseling, social services, educational classes (including academic preparation for a high school diploma or GED, child development, family health, vocational education and life skills training); a small but significant number offer on-premise child care (McGee, 1982). In Michigan alone, more than sixty school districts have established educational programs for pregnant students in the past decade (McGee, 1982).

According to Zellman (1981a, p. vi), who reviewed Title IX programs around the nation, "Design of a special program usually depends on the personal views of the prime mover and the superintendent; few districts conduct a search for alternative program models." Apparently, even outside funding only rarely dictates the program design.

Admissions Discrimination of Pregnant and Parenting Students

Title IX prohibits admissions discrimination on the basis of pregnancy and parenting. This includes both formal and informal admissions rules, policies and practices. Pregnant and parenting students cannot be expelled, suspended, forced to enroll in special classes, required to have special counseling, or to accept home instruction, be kept from enrollment in classes such as advanced placement or honors, or be prohibited from receiving financial aid and scholarships. If there are any admissions restrictions, they must be comparable to those restrictions imposed on students with other temporary disabilities (Dunkle, 1984).

Theoretically, one method of determining whether or not such discrimination exists is by discovering, through health records, interviews and observation, the extent of the problem of teenage pregnancy and parenting in the school district, as well as the number of pregnant students in special and regular programs, the number who may have dropped out, and the number who have returned after childbirth. Unfortunately this kind of investigation is expensive and difficult, even if adequate records are kept.

If pregnant students are expelled or suspended because of pregnancy, this is a clear Title IX violation. However, if all or most pregnant students are enrolled in a special school or program or are dropping out, there may be pressures involved which are also in violation of Title IX. The issue of pressure is particularly hard to elicit in regard to dropout, since students tend to decide early, before the pregnancy becomes visible, whether or not to drop out, and they do so most often alone or with their parents, without involving the school. According to Zellman (1981a, p. 48), "In many schools there is also widespread reluctance to recommend to students that they remain in regular school, though usually, but not always, their right to do so is acknowledged." Finally, if students face barriers when, after delivery, they attempt to return to the regular classroom and participate in regular activities, Title IX violations may be involved. In fact, even if not legally, such barriers may go beyond the obvious school regulations to include

child care, transportation, staff attitudes, and lack of support in the home (McGee, 1982).

Mainstreaming vs. Separate Programs

There are pros and cons for both offering separate school programs and "mainstreaming" pregnant and parenting teens. Neither is, of itself, a Title IX violation, as long as the students' special needs are served. As the courts have ruled, since pregnant and parenting adolescents have special needs, they may not be getting an equal educational opportunity unless they receive special school services.

From a Title IX perspective, separate classes and programs for pregnant students are legal as long as:

- the programs are comparable to the regular programs
- this different treatment is "absolutely necessary" to the success of the program
- the students' participation is completely voluntary.

A separate program protects the pregnant student from crowded hallways, stairs, and occasional violence, as well as from the embarrassment of peers, but it also isolates the student and is likely to cost the district more. In addition, despite the fact that Title IX requires the instructional program to be comparable, it is not unusual for it to differ in having: a smaller range of courses (for example, college preparatory or honors classes may not be available); different or additional options or requirements (a number of special high schools offer optional courses, such as sex education and child care, which are not available to nonpregnant teens); less qualified instructors; little or no extracurricular activities; no academic credit for some courses (including courses required of pregnant students); and special rules and regulations (Dunkle, 1984).

On the other side, "mainstreaming" prepares a pregnant student to cope with the multiple roles of adolescent, student and parent, while allowing her to remain with friends and to continue her regular course work. A school district with no special program (but with sensitive and well-trained teachers and counselors) could well provide better services for pregnant teens than a "special school with inadequately trained teachers, located in an inconvenient location or building which is inaccessible to the disabled" (Dunkle, 1984). Special services can also be made available or referrals offered to the pregnant or parenting students within the regular school. However, often the needed services are not close at hand and referral is spotty (Zellman, 1981).

In a review of Title IX programs, Zellman (1981a, p. 7) categorizes existing school-sponsored programs into three types according to the relationship to the regular classroom:

Inclusive Curriculum Programs offer enrollees a general education curriculum as well as a range of "relevant" coursework, such as parenting and child development classes. They may also offer services ranging from counseling and referral to health monitoring and child care. The unifying feature of these programs is that students who enroll do not attend regular classes.

Supplementary Curriculum Program provide "relevant" coursework for school credit to enrollees who are receiving general educational services in regular classes. These programs may also provide other services, such as child care or counseling. The key feature of these programs is that students who enroll in them attend regular classes for most of the day and receive school credit for program coursework.

Noncurricular Programs are not credit-granting, though they may provide a range of "relevant" instruction. Students enrolled in these programs may receive counseling, medical care, and referrals, but they receive no school credit for their studies in the program. Enrollees attend regular classes in most cases, though program services may also be available to those attending other educational programs or to dropouts. In general, school based programs serve only pregnant adolescents. A few serve parenting girls and offer childcare facilities; a few offer programs for young fathers and/or the teenagers's parents.

Availability and Quality of Pregnancy-Related Health Services

Title IX requires that the health needs of pregnant students be met to the same extent as the school meets the needs of students with other temporary disabilities. Because of concern for the health of both the young mother and her child, particularly secondary schools sometimes go further, providing more services for pregnant students than for the general student body. This is especially evident at special schools for pregnant teens, where prenatal health services are incorporated into the program (Dunkle, 1984).

Providing such services as referrals to private and community health clinics, counseling, pregnancy tests, general prenatal care, health charts, Lamaze instruction or exercise, and followup care after delivery or termination of pregnancy, appears to be encouraged by Title IX. Moreover, eligibility for such services cannot be limited to married students.

Effectiveness of Programs for Pregnant and Parenting Adolescents

In their analysis of 38 projects funded in 1980 by the Office of Adolescent Pregnancy Programs, Burt et al. (1984), found that girls pregnant at entry (in contrast to entry mothers) got more health and life skills services. Young girls also got marginally more services, especially in family planning and supportive services. White clients tended to receive slightly more family

planning and supportive services than nonwhite clients, and girls on welfare at entry received more services of every kind. The projects were more successful at keeping school-oriented clients in school to completion than in getting those alienated from school back in to complete their education. The projects also tended to focus more on education than on employment, although helping clients find part-time or summer jobs or job training were important components. Although welfare dependence tended to decrease for delivering mothers during the projects and their followup, pregnant girls tended to show increasing financial dependence.

As for project types, urban projects delivered both a greater variety of services and more overall services than did rural projects, and single-site projects, networks and school projects were all more capable of delivering both in variety and in absolute numbers than were hospitals. Finally, the higher the percentage of the project's active caseload who were pregnant at any given time, the more services the project delivered.

McGee (1982), who has done extensive work on programs for pregnant and parenting teens, argues that the effectiveness of medical attention on maternal and infant health is the most easily documented success of these programs, while their influence on repeat pregnancy rates appears to be more difficult to secure. Both the National Urban League (1984) and the Charles Mott Foundation (1984) are currently monitoring a network of "Too Early Childbearing" projects in order to evaluate the effectiveness of educational and counseling strategies in pregnancy prevention.

Outside these few major studies, data on program evaluations have been diffuse and not based on comparable information (Burt and Sonenstein, forthcoming). However, there appear to be some common points of view about the limitations of current programs.

Regardless of their philosophical viewpoint, the services they offer, or their institutional base, service providers typically complain that the teenagers who need them most "fall through the cracks" or are unable to use their services effectively. Because of the sensitivity of the area, the responses of most schools across the country to pregnant and parenting teens are, in fact, limited or nonexistent, dependent on the drive and creativity of a motivated individual (Zellman, 1981a, 1981b). Once a program is established, the common tendency is to view it as a sufficient response. On the other side, many students drop out of school either before, or quite early in, their pregnancy, so that even those school-based programs that are available serve only a small percentage of the possible students. Although youth centers and clinics experience greater flexibility in creating programs for pregnant and parenting teenagers, from the adolescents' side there are a number of reasons for their failure to avail themselves maximally of the programs that might help them--vagueness about the existence of special services, difficulties organizing themselves to use them, fantasies of being taken care of by families, boyfriends, or welfare, problems with transportation. Moreover, a number of deficiencies in the services themselves make them less useful than they might otherwise be (McGee, 1982; Mecklenburg and Thompson, 1983; Zellman, 1981a & b);

- They fail to identify the neediest young women and to involve them in a comprehensive program.
- The number of programs providing comprehensive care is insufficient --employment preparation and job placement are especially weak.
- Services are too oriented to the female teenager--they tend to leave out the father as well as the girl's family.
- Inaccessible locations are made worse by the fragmentation of services.
- Staff rapport with teenagers could be improved.
- Services are not designed to be age-sensitive.
- Education in nonacademic subjects, such as parenting, nutrition, or family planning, when they exist, is often dull and overly technical.
- Approaches to contraceptive services are inadequate.
- Programs are too short, end too soon, and have poor followup.
- Services tend to focus on some needs and ignore other--economic self-sufficiency through job training, or day care, are often neglected.

Dryfoos (1985) notes that these young people - male and female - need a great deal of individual attention and support, probably in the form of daily contact with a responsive and responsible adult. According to McGee (1982, p. 61), "Services for pregnant and parenting teens are most helpful for those teens who are relatively better off financially, socially, and psychologically, or who are highly motivated." Yet it is the teens who are less able intellectually or emotionally, who lack adequate familial support, and who are less likely to use services appropriately and effectively, who need them the most.

Improving Services Through Relating Programs to the Research

A number of issues are brought up by the research on the characteristics of pregnant and parenting teenagers that appear to be only peripherally dealt with in the existing programs. Several have been touched upon in the previous critique.

First, the research suggests that the attraction of parenting is inversely proportionate to the possibility of other options, particularly schooling and work. Teenagers who drop out are more likely to become pregnant than those who remain in school, and pregnant adolescents who remain in school or return after delivery are less likely to become pregnant a second time. Thus a first step toward pregnancy prevention is, in fact, dropout prevention. The high dropout rates, particularly in our urban centers, must be lowered; and jobs must

be created for out-of-school youth.

Second, it is clear from the research that a complex of ambivalences regarding the move forward toward autonomy and adulthood and backward into dependence are played out as the teenager proceeds through pregnancy and parenting. Counseling courses in psychology and family life, as well as workshops in goals clarification, can all help to untangle and bring to light these confusing motivations.

Third, teenagers have unrealistic fantasies about what having a child will imply. Long before they become pregnant, they must be given concrete information on the endlessly varied, and longterm, responsibilities of mothering. They must be helped to gauge realistically their own capacities for taking on these responsiblities and to judge equally realistically where and from whom other help will be forthcoming.

Fourth, because the teenagers' own parents--particularly mothers--are obviously so important to pregnancy resolution decisions, as well as the welfare of the teenager and her child, programs must be created specifically to draw in the mothers and fathers of teenagers--before as well as after pregnancy has brought on a crisis.

Fifth, for the father's as well as the baby's sake, programs need to involve the teenage father directly and to help enhance his capacity for immediate and long-term caring.

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